

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048789

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 233 Primary Registration District No. 4343 Registrar's No. 79

FILED DEC 24 1963

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Montgomery | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Montgomery | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Florence | | c. CITY OR TOWN New Florence | |
| Length of stay in lb 1 1/2 yrs. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home | | d. STREET ADDRESS (If outside, give location) | |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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|--|----------------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or print) First Nancy Middle Ann Last West | | | 4. DATE OF DEATH Month Dec. Day 14 Year 1963 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 7-11-1960 | 9. AGE (last birthday) 3 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | 10b. KIND OF BUSINESS OR INDUSTRY none | | 11. BIRTHPLACE (City and state or country) Lincoln County, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | | | | |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME Frank D. West | | 13b. MOTHER'S MAIDEN NAME Doris Hardt | | 14. NAME OF HUSBAND OR WIFE none | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Frank D. West Address New Florence, Mo. | |

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| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Choking blow from train | | INTERVAL BETWEEN ONSET AND DEATH Sudden |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | | |
| DUE TO (c) | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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|--|--|--|--------------------------|-----------------|
| 20c. TIME OF INJURY Hour 5:08 m. add p.m. 12/14/63 | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Rail Road Righting | 20f. CITY, TOWN, OR LOCATION New Florence Mo | COUNTY Montgomery | STATE Mo |
|--|--|--|--------------------------|-----------------|

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|---|--|--|--------------------------|-----------------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Rail Road Righting | 20f. CITY, TOWN, OR LOCATION New Florence Mo | COUNTY Montgomery | STATE Mo |
|---|--|--|--------------------------|-----------------|

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| 21. I attended the deceased from 5:08 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | |
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| 22a. SIGNATURE J.P. Rogers Coroner | (Degree or title) | 22b. ADDRESS Montgomery City Mo | 22c. DATE SIGNED 12/14/63 |
|--|-------------------|---|-------------------------------------|

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|--|------------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12-17-63 | 23c. NAME OF CEMETERY OR CREMATORY City Cemetery | 23d. LOCATION (City, town, or county) Warrenton, Mo. |
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| 24. FUNERAL DIRECTOR F.W. Nieburg & Co., Warrenton, Mo. | 25. DATE RECD. BY LOCAL REG. 12-16-63 | 26. REGISTRAR'S SIGNATURE Laura P. Callaway |
|---|---|---|

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 0700
2 0700
3 2
4 1
5 0
6
7 0
8 2
9 802X
10 35
11 070
12 90-3
13 20

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Danny J. Martin

Licensed Embalmer No. 5222

P. O. Address

Wassentown, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.